

Appendix A:

Medical Facility PMP Reporting Form for Mercury (3/12)

A-1. Medical Facility Annual Report Form

Best Management Practices for Mercury are Defined as Listed Below

Compliance with these BMPs may be considered as compliance with the local sewer use ordinance limit for mercury; wastewater sampling and analysis may also be waived by the municipality. It is the intention of the Mercury Pollutant Minimization Program to encourage implementation of mercury BMPs. Report date BMP implemented, or if not implemented, date anticipated.

	Yes	No	Date	Best Management Practice
Policy	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility completed a baseline inventory of mercury? (Attach)
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility established a mercury plan and timeline for the reduction and eventual elimination of mercury-containing equipment and chemicals? (Include in facility file)
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has this plan been updated within the last year? (Include in facility file)
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility implemented an Environmentally Preferable Purchasing (EPP) policy for mercury products and a process to regularly review mercury use reduction and elimination progress?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility established mercury management protocols for safe handling, mercury spill cleanup procedures, disposal procedures, and education and training of employees?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Were employees formally trained in these protocols in the last year?
Devices	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility replaced patient mercury thermometers?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility replaced all or majority (75%) of mercury sphygmomanometers from the submitted baseline inventory?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility replaced all or majority (75%) of mercury clinical devices (bougies, Miller-Abbott tubes, dilators, etc) from the baseline inventory?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility inventoried and labeled all mercury-containing facility devices (switches, thermostats, etc.)?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility implemented a program to recycle fluorescent lamps?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility implemented battery collection programs?
Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility replaced all or majority (75%) of mercury lab thermometers from the baseline inventory?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility replaced B5/Zenkers stains with non-mercury substitute?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility inventoried mercury-containing lab chemicals?

Wastewater Sampling and Analysis

(Not required for facilities implementing or scheduled to implement all BMPs unless required by the control mechanism. Attach summary if multiple wastewater outfalls.)

Sampling Location: _____ Mercury Effluent Concentration: _____ Date: ____ / ____ / ____

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

Size of Facility (number of beds, employees or other) _____

Printed Name of Official: _____

Name of Facility Contact: _____

Title: _____

Signature: _____

Telephone: (____) _____ Fax: (____) _____

Appendix B:

Medical Facility PMP Baseline Mercury Inventory (3/12)

A-2. Baseline Mercury Inventory

Facility Information			
Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Phone: () _____	Fax: () _____		
Representative: _____			
Representative's Signature: _____			

The goal in conducting an inventory is to get a true sense of how much mercury is still present in the facility. One of the most effective ways to "ground-truth" or check the organization's current use of mercury-containing products and devices is to schedule a walk-through assessment. Go to each area and look for mercury-containing products and devices. Talk with staff members and ask if there are any mercury-containing products or devices in their work areas. Be sure to check every department. Record information collected on a data collection sheet (see below).

Mercury Inventory			
Area: Note "C" if area is carpeted.	Number of Sphygmamometers and Brand Name:	Number of Thermometers and Brand Name:	Other devices/substances: (list type and how many)

Areas to pay special attention to:	
<input type="checkbox"/>	Doctor's offices/exam rooms.
<input type="checkbox"/>	Central sterile reprocessing.
<input type="checkbox"/>	Nursery, neonatal intensive care.
<input type="checkbox"/>	Intensive care units.
<input type="checkbox"/>	Emergency departments.
<input type="checkbox"/>	Hospital gift shops.
<input type="checkbox"/>	Hospital-based pharmacies (inpatient and outpatient).
<input type="checkbox"/>	Public relations (some hospitals give away first-aid kits that contain mercury thermometers).
<input type="checkbox"/>	Laboratory areas: check laboratory refrigerators and incubators for thermometers.
<input type="checkbox"/>	Kitchen: check refrigerators, food warming units.
<input type="checkbox"/>	Facilities support shops – electric shop, biomedical engineering.
<input type="checkbox"/>	Patient care rooms.
<input type="checkbox"/>	Diagnostic areas such as cardiology, cardiac catheterization, MRI, CT.
<input type="checkbox"/>	Check patient admission kits for mercury thermometers.

Mercury policies and practices: Does the facility:		
Have a policy regarding the purchase of mercury-containing products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Centrally track or have an inventory form for mercury products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have a policy for cleaning up a mercury spill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have procedures for cleaning and refilling instruments containing mercury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Label the equipment as containing mercury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phase out mercury parts when replacing equipment? (e.g., thermometers)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recycle mercury parts when replacing old equipment? (e.g., switches)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Require the manufacturer/vendor to disclose mercury concentrations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have a policy to ensure mercury products are not disposed of down the drain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have a protocol for disposal of intact mercury-containing products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Train employees on mercury awareness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Train employees how to clean up a mercury spill properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clean mercury out of traps, sumps and pipes to the sewer lines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Send new mothers or patients home with mercury thermometers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many are issued each year? _____		

Mercury Equipment: Does the facility or its satellites use/purchase:			
Mercury thermometers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____
Mercury sphygmomanometers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____
Mercury oxide (mercury zinc) batteries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____
Does the facility recycle batteries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the facility phasing out mercury batteries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the facility recycle other types of batteries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mercury lamps (e.g., fluorescent lights)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are the spent lamps recycled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mercury weight esophageal dilators	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____
Mercury weight Cantor Tubes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____
Mercury weight Miller-Abbott Tubes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____
Mercury weight feeding tubes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many? _____
Mercury-containing dental amalgams	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Thermostats with mercury switches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Gauges with liquid mercury	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Equipment with mercury switches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Displacement/Plunger Relay	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Flame Sensor/Safety Valve (thermostat probes)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hitachi Chem Analyzer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electron Microscope	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mercury Barometers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other mercury-containing equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what kind?	_____		

Mercury in Lab:		
Are any of these items in use? Please indicate response. Y=Yes; N=No; DK=Don't Know		
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Histological fixatives	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Zenker's Solution	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Thimerosal	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Carbol-fuchin stain	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Gram iodine stain	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Mercurochrome	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Immu-Sal	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Carnoy-Lebrun	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Shardin	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Takata's reagent	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Golgi's	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Phenolic mercuric	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Acetate	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Alum	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Mercury nitrate	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Million's reagent	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Nesser's solution	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Mucolexx	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Ohlamacher	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Cajal's	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Camco	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Cesium Internal Std.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Mercury chloride	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Mercury (II) oxide	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Mercury (II) chloride	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Mercury iodide	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Hematoxylin (Solution A)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Channing's solution	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	B 5 fixative	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Helly	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Gomori's	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Stabilur Tablets	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Phenylmercuric Acetate	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
Other mercury-containing lab chemicals? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
If yes, what kind? _____		
Is the facility phasing out mercury-containing laboratory chemicals?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
Do any of the cleaners/degreasers contain mercury?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK

Mercury Spills	
Estimate the number of spills of mercury in the facility last year	_____ <input type="checkbox"/> Don't Know
Estimate the amount of mercury involved in spills last year	_____ <input type="checkbox"/> Don't Know
What was the total estimated cost for all mercury spill cleanups conducted during the previous year?	_____ <input type="checkbox"/> Don't Know

Estimated total mercury	
Based on your inventory, how much mercury do you estimate is in use at the facility?	_____
In the last year, how much mercury do you estimate went into a waste stream (solid, biohazard, wastewater, hazardous waste)?	_____
In the past year, how much mercury was collected for proper disposal or recycling?	_____

Appendix C:

Dental Facility Visit Form (3/12)

A-3. Dental Facility Visit Form

Visit Date: ____ / ____ / ____ Date of BMP Plan: ____ / ____ / ____
Pretreatment Inspector: _____
Date of most recent annual report: ____ / ____ / ____

****Complete Before Inspection****

Water Account Number: _____ Consumption: _____ MCF/year
Does account include other uses? Yes No
If yes, specify: _____
Does account include other users? Yes No
If yes, specify: _____

I. General Dental Facility Information

Name of Practice: _____
Type of Practice: General Pediatric Endodontics Other: _____
No. of Dentists: _____ No. of Hygienists: _____ No. of Chairs: _____
Name(s) of Dentist(s): _____
Facility Address: _____
City: _____ State: _____ Zip: _____
Telephone: () _____ Fax: () _____
E-mail: _____
Name of Facility Contact: _____ Title: _____
Name of Property Owner: _____ Phone: () _____

Facility Hours:

	Sun.	Mon.	Tues	Wed.	Thur.	Fri.	Sat.
Open	:	:	:	:	:	:	:
Close	:	:	:	:	:	:	:

Number of years any dental facility has existed at this location: _____

Does this dental facility place amalgam fillings, remove amalgam fillings, and/or extract teeth containing amalgam fillings?

Yes No

II. Amalgam Use and Waste Management Practices

Who takes care of the amalgam waste in the office?

Describe training:

If more than one employee is responsible, is any documentation of training available?

- Yes – obtain a copy or ask that it be included in the annual report.
 No – recommend that they document training and submit a copy with the annual report.

Amalgam Use at the Facility

Average number of amalgams placed at this facility: _____ per day week month

What sizes of amalgam capsules are typically used? Single Spill Double Spill Triple Spill

Average number of amalgams removed*: _____ per day week month

*including teeth extracted with amalgam fillings

Are these amalgam use numbers: estimates by staff based on records

Where and how are amalgam capsules stored?

Has mercury/amalgam ever been spilled? Yes No If yes, how was it cleaned up?

Management of Amalgam Waste in the Facility

- **Recycled (R)** refers to disposal by a waste amalgam recycling contractor, **NOT** in a “red bag” or by a Bio-Medical/Infectious Waste Hauler.
- **Disposed of (D)** refers to any method of disposal, including by a Bio-Medical or Infectious Waste Hauler, that is not by a waste amalgam recycling contractor.
- **Reused (X)** only applies to the chair-side trap, vacuum filter or screen and refers to the removal of its contents and its reuse as a container.

	Amalgam Scrap	Used Capsules	Extracted Teeth with Amalgam Fillings	Used Chair-side Traps	Used Vacuum Filter or Screen
Contents	<input type="checkbox"/> R <input type="checkbox"/> D	<input type="checkbox"/> R <input type="checkbox"/> D			
Container (trap, vacuum filter or screen)	Not Applicable	<input type="checkbox"/> R <input type="checkbox"/> D	Not Applicable	<input type="checkbox"/> R <input type="checkbox"/> D <input type="checkbox"/> X	<input type="checkbox"/> R <input type="checkbox"/> D <input type="checkbox"/> X

Name of waste amalgam recycling operator: _____

Address: _____

How often does this recycler pick up waste amalgam? _____

**Request copies of the recycler's manifests*

Included in annual report

Copy(s) obtained during visit

Ultrasonic Instrument Cleaning Baths

Number of ultrasonic baths: _____ Total volume (gallons): _____

How often are the baths changed? _____

How are the spent baths managed? _____

III. Description of Operatory Equipment

Cupsidor

Type of cupsidor used for those chairs where amalgam is placed or removed:

Not applicable – no cupsidor or cupsidor is used only for hygiene

Wet cupsidor with continuous flow

Wet cupsidor with flush flow

Trap in cupsidor bowl

Is screen disposable? Yes No

Vacuum System Equipment

Type of vacuum system used for those chairs where amalgam is placed or removed:

Saliva remover (low volume) High-speed suction tip

This system is a: Local vacuum unit in operatory Central vacuum unit

Is there a chair-side trap in the operatory vacuum line: Yes No

If yes, screen size: ~1.0 mm other (specify) _____

Type of vacuum pump: Air-cooled Water-cooled

If water-cooled, is it: Recycled water Fresh (not recycled) water

In-line amalgam collection: with pre-screen _____ mm

Does vacuum system include an air-water separator tank? Yes No

Volume of the air-water separator tank: _____ gallons

Amalgam Separator Equipment

Is an amalgam separator used at this facility? Yes (go to a. below) No (go to e. below)

a. If yes, when was it installed? _____

b. Specify model and vendor: _____

c. What is the efficiency rating? _____

d. Is the model ISO 11143 Certified? Yes No

e. If no, does the facility plan to install one? Yes No If yes, when? _____

IV. Line Disinfectants

What line disinfectant is currently used at this facility? _____

Does the disinfectant contain sodium hypochlorite (bleach)? Yes No

While **NOT** endorsed, based on Naval Dental Research Laboratory research, the following cleaners do not appear to dissolve mercury from amalgam and are alternative disinfectants to bleach:

E-Vac, Evacuation Cleaner, EZ-Zyme, Gobble Plus, Green and Clean, Maxi-Evac, ProE-Vac, Purevac, Sani-Treat Plus, Stay-Clean, Super Dent, Turbo Vac Line Flush, Vacu Cleanse, VAC-U-EZ

V. Dental Facility Layout

Facility Layout Drawing: Show a sketch of the dental facility with emphasis on operatories, vacuum system and location(s) where dental wastewaters may be prior to discharge to the sanitary sewer. Indicate the approximate scale of the drawing. Alternatively, a drawing of the facility layout furnished by the facility may be attached.



VI. Notes and Observations (attach additional sheets as needed)

Have any wastewater samples been collected and analyzed for mercury? Yes No

If yes, which analytical method was used? 1631 245 *Request copy of analysis

Miscellaneous facility information

Sampling location: _____

Unique sampling opportunity? Yes No

Water meter? Yes No

Photographs taken? Yes No

List any unique features or processes at this dental facility:

Note any relevant comments made by the staff of this dental facility:

Comments/follow-up actions:

Is this facility in compliance? Yes No

Inspector's Signature: _____

Appendix D:

Dental Facility Annual Report Form

(3/12)

A-4. Dental Facility Annual Report Form

Name of Practice: _____		
Type of Practice:	<input type="checkbox"/> General	<input type="checkbox"/> Pediatric <input type="checkbox"/> Endodontics <input type="checkbox"/> Other: _____
No. of Dentists: _____	No. of Hygienists: _____	No. of Chairs: _____
Name(s) of Dentist(s): _____ _____		
Facility Address: _____ _____		
City: _____	State: _____	Zip: _____
Telephone: () _____	Fax: () _____	
E-mail: _____		
Name of Facility Contact: _____	Title: _____	
Name of Property Owner: _____	Phone: () _____	

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Title: _____

Signature: _____

Wastewater Sampling and Analysis
(Not required for facilities implementing or scheduled to implement BMPs unless required by the control mechanism. Attach summary if multiple wastewater outfalls.)

Sampling Location: _____	Mercury Effluent Concentration: _____	Date: / /
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Best Management Practices for Mercury are Defined as Listed Below

Compliance with these BMPs may be considered as compliance with the local sewer use ordinance limit for mercury; wastewater sampling and analysis may also be waived by the municipality. It is at the discretion of the POTW to determine a facility's level of compliance. It is the intention of the Mercury Pollutant Minimization Program to encourage implementation of mercury BMPs. Report date BMP implemented, or if not implemented, date anticipated. Go to http://www.ada.org/prof/resources/topics/amalgam_bmp.asp for more information on BMPs for Amalgam Waste.

NOTE: Recycle refers to disposal by a waste amalgam recycling contractor, NOT in a "red bag" or by a Bio-Medical/Infectious Waste Hauler.

Yes	No	Date	Best Management Practice
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has all bulk mercury been eliminated from your stock at your dental office?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office use precapsulated alloys?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office recycle disposable amalgam capsules?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office capture and recycle non-contact scrap amalgam?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office properly disinfect and recycle extracted teeth with amalgam fillings?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office capture and recycle contact amalgam including the contents of chair-side traps?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office recycle the chair-side trap?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office recycle contact amalgam retained by the vacuum pump filter?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office recycle the vacuum pump filter?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office use non-chlorine, non-bleach line cleaners that minimize the dissolution of amalgam?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office have and maintain an amalgam separator meeting ISO standards (11143)? Manufacturer: _____ Model: _____
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has everyone who handles amalgam been trained on how to properly manage it?

The practice handles dental amalgam but the following BMPs specified are NOT being implemented for the following reasons (attach as necessary):

Please provide the following information about the amalgam waste recycler and/or hazardous waste hauler:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Copies of correspondence that indicate compliance, such as hazardous waste hauling manifests or bills of lading, are attached to this form.

Appendix E:

Annual Report Form for Schools (3/12)

A-5. Annual Report Form for Schools

Best Management Practices for Mercury are Defined as Listed Below

Compliance with these BMPs may be considered as compliance with the local sewer use ordinance limit for mercury; wastewater sampling and analysis may also be waived by the municipality. It is the intention of the Mercury Pollutant Minimization Program to encourage implementation of mercury BMPs. Report date BMP implemented, or if not implemented, date anticipated. Please refer to the document Guide to Mercury Issues for School Administrators at http://www.epa.state.oh.us/ocapp/p2/mercury_pbt/School%20Guide.pdf for additional information.

	Yes	No	Date	Best Management Practice
Policy	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has the facility completed a mercury products inventory?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does the facility have an action plan in place to eliminate mercury-containing items found as a result of the inventory?
Devices	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has all elemental mercury been eliminated from classrooms?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Have all mercury compounds been eliminated from classrooms and storerooms?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Have all mercury lab thermometers been eliminated from the classrooms?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Have all mercury lab barometers been eliminated from the classrooms?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Have all mercury fever thermometers been eliminated from the nurse's office?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Have all mercury blood-pressure cuffs been eliminated from the nurse's office?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	If there are mercury-containing items at the facility, are they being stored in airtight, unbreakable containers? (Attach a list of these items)
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does the facility have a mercury spill plan and identified a contractor trained to respond to mercury spills? (Attach contact info)	
Chemicals				If the facility has completed any of these activities, place a check in the appropriate box and provide a date each activity was completed.
				<input type="checkbox"/> Classroom presentations on mercury / / <input type="checkbox"/> Phase-out mercury thermostats / / <input type="checkbox"/> Recycle fluorescent bulbs / / <input type="checkbox"/> Recycle mercury batteries / /

Wastewater Sampling and Analysis

(Not required for facilities implementing or scheduled to implement all BMPs unless required by the control mechanism. Attach summary if multiple wastewater outfalls.)

Sampling Location: _____ Mercury Effluent Concentration: _____ Date: ____ / ____ / ____

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

Size of Facility (number of beds, employees or other) _____

Printed Name of Official: _____

Title: _____

Signature: _____

Telephone: (____) _____ Fax: (____) _____

Appendix F:

Annual Report Form for Industry (3/12)

A-6. Annual Report Form for Industry

Best Management Practices for Mercury are Defined as Listed Below

Compliance with these BMPs may be considered as compliance with the local sewer use ordinance limit for mercury; wastewater sampling and analysis may also be waived by the municipality. It is the intention of the Mercury Pollutant Minimization Program to encourage implementation of mercury BMPs. Report date BMP implemented, or if not implemented, date anticipated.

	Yes	No	Date	Best Management Practice
Policy	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility established a mercury policy statement that includes the reduction or virtual elimination of mercury?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility developed a plan to phase-out mercury-containing devices?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility implemented a chemical management program that includes pre-purchase review and approval?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility established mercury management protocols for safe handling, mercury spill clean up procedures, disposal procedures, and education and training of employees about these protocols?
Devices	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility inventoried all mercury-containing devices (such as switches, thermostats, etc.)? (Attach)
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility labeled mercury-containing devices to recycle at the end of life?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility implemented a program to recycle fluorescent lamps?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your facility properly recover and recycle elemental mercury and mercury-containing products?
Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility requested certificates of analysis for bulk chemicals known to have potential mercury contamination?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility reduced the use of mercury-containing chemicals as much as feasible?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	If applicable, has your facility inventoried mercury-containing lab chemicals, thermometers and other devices with a plan for non-mercury product substitution?

Wastewater Sampling and Analysis

(Not required for facilities implementing or scheduled to implement all BMPs unless required by the control mechanism. Attach summary if multiple wastewater outfalls.)

Sampling Location: _____ Mercury Effluent Concentration: _____ Date: ____ / ____ / ____

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

Printed Name of Official: _____

Name of Facility Contact: _____

Title: _____

Signature: _____